



State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/20/2013

Business ID: 277814

William M. Gardner

Secretary of State

CUSTARD INSURANCE ADJUSTERS, INC.

4875 AVALON RIDGE PKY
NORCROSS, GA 30071

ADDRESS OF PRINCIPAL OFFICE:

4875 AVALON RIDGE PKY
NORCROSS, GA 30071

REGISTERED AGENT AND OFFICE:

NATIONAL REGISTERED AGENTS, INC.
INC , 63 PLEASANT ST
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 277814

STATE OF DOMICILE: INDIANA

INSURANCE CLAIMS SERVICES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Rick G. Linville
STREET 4875 Avalon Ridge Parkway
CITY/STATE/ZIP Norcross Ga 30071
OTHE. Robert E. Soby
STREET 4875 Avalon Ridge Parkway
CITY/STATE/ZIP Norcross Ga 30071
TREAS. Belinda Clay
STREET 4875 Avalon Ridge Parkway
CITY/STATE/ZIP Norcross Ga 30071
SEC'Y. Belinda Clay
STREET 4875 Avalon Ridge Parkway
CITY/STATE/ZIP Norcross Ga 30071

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Rick G. Linville
STREET 4875 Avalon Ridge Parkway
CITY/STATE/ZIP Norcross Ga 30071
DIR. Robert E. Soby
STREET 4875 Avalon Ridge Parkway
CITY/STATE/ZIP Norcross Ga 30071
DIR. Belinda Clay
STREET 4875 Avalon Ridge Parkway
CITY/STATE/ZIP Norcross Ga 30071
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Jennifer Danko

Please print name and title of signer:

Jennifer Danko

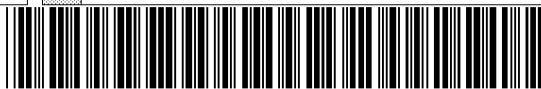
/ AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



027781420131006

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301